

N18479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

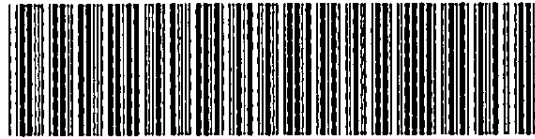
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700350127917

08/14/20--01015--025 **35.00

FILED
2020 AUG 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/02/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palms West Medical Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N18479

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Stenberg

Name of Contact Person

Greenfield Properties, Inc.

Firm/Company

2300 NW Corporate Boulevard, Suite 122

Address

Boca Raton, FL 33431

City/State and Zip Code

b.stenberg@greenfieldgrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Stenberg

Name of Contact Person

at (561) 392-6662

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Palms West Medical Condominium Association, Inc.
2. The principal office address: 13005 Southern Boulevard
Loxahatchee, FL 33470
3. The mailing address (if different): Greenfield Properties, Inc., 2300 NW Corporate Boulevard, Boca Raton, FL 33431
4. Date of incorporation/qualification: 12/29/1986 Document number: N18479
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
AW Real Estate Management
11780 US Highway One, # 305
North Palm Beach, FL 33408
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Greenfield Properties, Inc.
2300 NW Corporate Boulevard, Suite 122
P.O. Box NOT acceptable
Boca Raton, FL 33431

FILED
2020 AUG 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

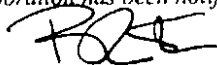
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael Sinclair, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/4/2020
Date

If signing on behalf of an entity:

Brian Stenberg, Vice President
Greenfield Properties, Inc.
Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)